MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

082114

Reg. Dist. No. 745

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (In this place) 20 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6612 Poplar Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 6612 Poplar Ave.

3. NAME OF DECEASED (Type or Print): (First) Agustin (Middle) M. (Last) Abarca.

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 21, 1898

9. AGE last birthday: 52 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Colombia, So. America

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Agustin Abarca

14. MOTHER'S MAIDEN NAME: Mary DeSanta.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Vada K. Abarca, 6612 Poplar Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro-Vascular Accident	
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant hypertension	years-
83a	c Cardiac asthma - severe.	3 mo-
	d Congestive Failure -	6 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1951, to Aug 6, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernest A. Darao M.D. 7006 New Hampshire Ave Takoma Park Md Aug 6 1951

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF: Aug 8, 1951. | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cem- | LOCATION (City, town, or county) (State): Bladensburg Md at DC line

DATE REC'D BY LOCAL REG. Aug 6, 1951 | REGISTRAR'S SIGNATURE James Seavey | 24. FUNERAL DIRECTOR ADDRESS: H. Arthur Walters 254 Carroll Ave Takoma Park 12, D.C.

VS-A15

RECEIVED
AUG 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08205

Reg. Dist. No. 745

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4105 Gallatin ST.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4105 Gallatin ST.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Eleanor Frances (Last) Allen
4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: 8-28-92
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph McCarthy
14. MOTHER'S MAIDEN NAME: Anna Boyd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Rudolph S. Allen — 4105 Gallatin ST. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Generalized Carcinomatosis Metastasis

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): Breast Carcinoma
(c):

170X
50

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1951, to Aug. 22, 1951, that I last saw the deceased alive on Aug 16, 1951 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George P. George MD
ADDRESS: 8055 13th St. Silver Spring Md
DATE SIGNED: 8/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: August 27 1951
NAME OF CEMETERY OR CREMATORY: Washington National
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: Aug. 23, 1951
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Asst)

24. FUNERAL DIRECTOR: W. W. Chamberlain Co.
ADDRESS: 5801 Cleveland Ave Riverdale, Md.

RECEIVED
AUG 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08206

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4912 Queensbury Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS 4912 Queensbury Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Zina (Middle) M. (Last) Bailey
4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 3-22-1891
9. AGE Last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Morris
14. MOTHER'S MAIDEN NAME: Libbie Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Marian J. Bailey - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary thrombosis

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mural thrombosis

84a (c) Myocardosis -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Malony, M.D. Dep. Med. Exam. — Cheverly, Hyattsville, Md. 8-9-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: August 13, 1951
NAME OF CEMETERY OR CREMATORY: Washington National Cemetery
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: Aug 11, 1951
REGISTRAR'S SIGNATURE: James Devey
24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers Co, Riverdale, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-415A

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Pr 08207

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensdale — LENGTH OF STAY (In this place) D. D. La.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 606 - N. Calvert St. ✓

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Bishop

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): mk

8. DATE OF BIRTH

9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): mk

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: mk

14. MOTHER'S MAIDEN NAME: mk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

8195 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest

1700 (c) Fractured skull.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street (CITY OR TOWN) Mount Ri. Geo (COUNTY) (STATE) Md.

TIME OF INJURY (Month) 8 (Day) 6 (Year) 51 (Hour) 5.30 A m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Automobile collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Md. Exam. Cheverly Md 8-7-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 8/8/51 | NAME OF CEMETERY OR CREMATORY University Med School | LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 8-7-51 | REGISTRAR'S SIGNATURE Amanda Downey 8-8-57 James Devery

24. FUNERAL DIRECTOR Frances A. Hemsley 5-78 | ADDRESS 1 Biddle St

RECEIVED
AUG 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

082118

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) Marguerite (Last) Brown

4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Sept 26, 1902

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Fletcher

14. MOTHER'S MAIDEN NAME: Christine Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Christine Fletcher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

002K **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
13b (b) Pulmonary tuberculosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James D. Boyd M.D. Frostburg Md 8/19/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 8-22-51 | NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem. | LOCATION (City, Town or county) (State) Upper Marlboro, Md.

DATE REC'D BY LOCAL REG. Aug 19 1951 | REGISTRAR'S SIGNATURE Ernest Smith | FUNERAL DIRECTOR Robert G. McGuire | ADDRESS 1820-9th Wash, D.C

S. 7454

RECEIVED
AUG 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08209

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Baltimore City — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 716 E. 33 rd St.

3. NAME OF DECEASED (Type or Print) (First) Russell (Middle) Harris (Last) Butler

4. DATE OF DEATH (Month) Aug. (Day) 8, (Year) '51 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ...

8. DATE OF BIRTH Aug 1876

9. AGE last birthday 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY ...

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Harris E. Butler

14. MOTHER'S MAIDEN NAME Rebecca Uncopher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Sp. -Am.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Son: 724 Cherry St., Chattanooga Tenn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senile. Arterio-Sclerotic

4500 97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Advancing years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 18, 1951 p. to Aug. 9, 1951, that I last saw the deceased alive on Aug. 9, 1951 and that death occurred at 12.58 m., from the causes and on the date stated above.

SIGNATURE Jesse Coggins (Degree or title) ADDRESS Laurel Md DATE SIGNED 8/9/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. August 11 1951 — REGISTRAR'S SIGNATURE R.W. — 24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 18 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 407 Hamilton Street

3. NAME OF DECEASED (Type or Print): (First) G. (Middle) Hodges (Last) CARR

4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3-20-1875

9. AGE last birthday: 76 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocer Store Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Carr

14. MOTHER'S MAIDEN NAME: Mary Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary L. Gott Youngstown Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Postmis Coronary Infarction	72 hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary Heart Disease	2 Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28, 1949, to 8-13, 1951, that I last saw the deceased alive on 8-12, 1951, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Mt. Rainier Md. DATE SIGNED: 8-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE THEREOF: 8/15/1951 NAME OF CEMETERY OR CREMATORY: ST JAMES LOCATION (City, town, or county) (State): TRACYS LANDING MD

DATE REC'D BY LOCAL REG. 8/15/51 REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: T. Gleason ADDRESS: Hyattsville Md

VS-A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 23-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly — LENGTH OF STAY (In this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2406 - 59th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. Carolina — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raleigh
STREET ADDRESS (If rural, give location) 306 - E. Martin

3. NAME OF DECEASED (Type or Print): (First) Richard — (Middle) Irving — (Last) Coley
4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1957
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 9, 1903
9. AGE: Last birthday 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Richard Coley
14. MOTHER'S MAIDEN NAME: Addie Ruth ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY NO.: 240-12-0369
17. INFORMANT, AND ADDRESS: Mildred Montague 2406-59th Pl. Beverly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

442 X
1210

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Beverly-Hyattsville Md 8-4-57

BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 8-5-57 — NAME OF CEMETERY OR CREMATORY Raleigh — LOCATION (City, town, or county) North Carolina (State)

DATE RECD BY LOCAL REG 8-5-57 — REGISTRAR'S SIGNATURE Amanda F Blacke — 24. FUNERAL DIRECTOR — ADDRESS Lyttonsville Rd Downey

VS. A15A

RECEIVED
NOV 6 1911
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale — LENGTH OF STAY (in this place) Never
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, DC
STREET ADDRESS (If rural, give location) 729 N. Capitol St.

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) (Last) Devine
4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 12-4-1900
9. AGE last birthday 50 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Helper
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Michael Devine
14. MOTHER'S MAIDEN NAME Bridget McGrath
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sanatorium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177X **Immediate cause** (a) Hemorrhage & Shock

1642 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Incised wound of neck

(c) Self inflicted

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) of INJURY Hospital (CITY OR TOWN) Glenn Dale (COUNTY) Prince Georges (STATE) Md
TIME OF INJURY (Month) (Day) (Year) 8-30-51 (Hour) 1 m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Self injected incision with razor blade

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Malone, M.D. Dep. Med. Exam. Upper Marlboro Md 8-30-51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 8/31/51 | NAME OF CEMETERY OR CREMATORY University Med School | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 8/31/51 | REGISTRAR'S SIGNATURE Amanda Downey
9/6/51 Agnes M. Giesfling

24. FUNERAL DIRECTOR James A. Hensley ADDRESS 578 W. Biddle St
57324

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

215

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Prince Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 5 YEARS — HOSPITAL OR INSTITUTION OR STREET ADDRESS 5602 - 42ND Ave — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY Prince Geo — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — STREET ADDRESS (If rural, give location) 5602 - 42ND Ave

3. NAME OF DECEASED (Type or Print): (First) RITA (Middle) CECILIA (Last) DONDERO

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JAN-12-[illegible]

9. AGE last birthday: 8 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RAPHEAL DONDERO

14. MOTHER'S MAIDEN NAME: ANGELIA WARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: RAPHEAL DONDERO

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Clonic convulsion — Interval between onset and death: 20 min. to

192X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

55e (b) Glioma of optic tract. - (metastasis) — 1 yr. 4 mo.

(c) Glioma removed 2 weeks previously.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/7/51 — 19b. MAJOR FINDINGS OF OPERATION: Glioma - optic nerve.

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1950, to 6-6, 1951, that I last saw the deceased alive on 6-6, 1951, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. — ADDRESS 4814 Hamilton St. Hyattsville Md. — DATE SIGNED 6-6-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 6-8-51 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Wash DC

DATE RECD BY LOCAL REG. June 6, 1951 — REGISTRAR'S SIGNATURE James Sevey

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Co. Riverdale, Md

RECEIVED
AUG 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242 — 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince Georges' — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arden — LENGTH OF STAY (In this place): 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4- Mc Clane Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arden
STREET ADDRESS (If rural, give location): 4- McClane Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Ann	Douglass	Aug.	21	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Colored	Widowed	2/18/75	76 yrs.	6	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Somerset, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morgan Branham
14. MOTHER'S MAIDEN NAME: Ann Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Theresa Banks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	24 hrs
	(c) Carcinoma of Stomach	2 yrs.

151K
46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1950
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1951, to Aug. 21, 1951, that I last saw the deceased alive on Aug. 21, 1951, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilbur G. Jackson	M.D.	317 Division Ave. N.E.	8/21/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/24/51	Lincoln Mem. Cem.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 24, 1951	Carrie F. Campbell	Frazier's Funeral Home	389 R. I. Ave. N.W. Wash. D.C.

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#3695. md- 2c

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

(S 21.)

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant; LENGTH OF STAY (In this place) Transient; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6916 George Palmer Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY P. G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant; STREET ADDRESS (If rural, give location) 6916 George Palmer Highway

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Raymond	E.	Duley		8	17	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single	11/20/50	yrs.	9			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
None		Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James M. Duley Jr	Dorothy Zellers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Mrs Dorothy Duley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Drowning	
	(c)	

9.29.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN)	(COUNTY)	(STATE)
		Seat Pleasant	P. G.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work X	HOW DID INJURY OCCUR?
August 17/51 11:30AM		Drowned in bath tub

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H Bond	M.D.	Forestville, Md.	8/17/51

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/20/51	Fort Lincoln	Colmar Manor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-17-51	Amanda Downey Carrie F. Campbell	J. William Lee's Sons Co.	300-4th St NE. Washington DC

VS-215A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

1. PLACE OF DEATH: COUNTY PRINCE GEORGE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLENDALE — LENGTH OF STAY (in this place) 1 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 5508 GIST AVE

3. NAME OF DECEASED (Type or Print): (First) MELVIN (Middle) (Last) EDLAVITCH

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: LIQUOR

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEVI

14. MOTHER'S MAIDEN NAME: MINNIE PARELHOFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 219-14-1276

17. INFORMANT AND ADDRESS: DR. EGLOW - 2353 EUTAW PLACE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 3 months

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1951, to Aug. 18, 1951, that I last saw the deceased alive on Aug 17, 1951 and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE: Ernest S. Eglow, M.D. (Degree or title) — ADDRESS 2353 Eutaw Place — DATE SIGNED 8/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8-21-51 | NAME OF CEMETERY OR CREMATORY: Herring Run | LOCATION (City, town, or county): Balto | (State) Md.

DATE REC'D BY LOCAL REG. 8/20/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Jack Lewis Inc. | ADDRESS 2100 Eutaw Pl.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08217

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Prince Georges Co. STATE MARYLAND MD. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevely MD. LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 5702 Forest Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevely Md. STREET ADDRESS (If rural, give location) 5702 Forest Rd.

3. NAME OF DECEASED (Type or Print): (First) CALPERNIA (Middle) MAY (Last) FULER

4. DATE OF DEATH: (Month) August (Day) 5th (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: 5/12/1886

9. AGE last birthday: 65 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT T. BROWN

14. MOTHER'S MAIDEN NAME: LUCY FLORENCE BERRY

15. EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: GEORGE O FULER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Carcinoma	5 Mo.
170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50	(b) Carcinoma of Breast	7 Mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Aug 5, 1951, that I last saw the deceased alive on 8/3, 1951, and that death occurred at 3.05 m., from the causes and on the date stated above.

SIGNATURE: Glenn Geiger (Degree or title) MD ADDRESS: 1835 Eye St NW DATE SIGNED: 8/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 8/7/1951 NAME OF CEMETERY OR CREMATORY: Cedar Hill LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Aug 6 1951 REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: S M Lee Sons Co ADDRESS: 300 4th N.E.

VS-ATO-1

RECEIVED
1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08218

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) and give nearest town) OR TOWN Landover Hills | LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alexander ~~Hill~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lando[illegible]
STREET ADDRESS 7014 [illegible] St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) (n m d) (Last) Elliott
4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	married	4 Mar 1869	82 yrs.	5	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: fireman
11. BIRTHPLACE (State or foreign country): Hoboken, N. J.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William A. Elliott
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Genevieve Elliott (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	5 days
191 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac failure	2 yrs
107	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Aug 4, 1951, that I last saw the deceased alive on 8/3/51, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frederick S Mussen, M.D.	7404 Carroll St	8/4/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7 Aug. 1951	Holy Rood Cem.	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/4/51	Amanda Downey	Martin W. Hyseong Co.	1300 "N" St., N.W., Washington, D.C.

VS. A16

RECEIVED
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 221

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mayerly
LENGTH OF STAY (In this place): 10 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colmar Manor
STREET ADDRESS (If rural, give location): 3303 - 42nd Ave

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) (Last) Etter

4. DATE OF DEATH: (Month) Aug - (Day) 14 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid.

8. DATE OF BIRTH: 3-5-91

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home-wife

10b. KIND OF BUSINESS OR INDUSTRY: Work Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Emil Stutz

14. MOTHER'S MAIDEN NAME: Lerera McKee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mr. Floyd Etter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute congestive heart disease

4/22/52 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Cardiovascular disease

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 8-15-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 8/17/51 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: 8-16-51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gaede Son — ADDRESS: Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Prince Georges Md
City or town: Clinton Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 YEARS
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Clinton Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3. (a) FULL NAME: Robert Edward Lee Everett

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	widowed

6.(b) Name of husband or wife: DINKNEY PAYNE
Deceased 6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 3 1872

8. AGE: Years: 79 Months: Days: If less than one day: hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Retired Florist

11. Industry or business: U. S. Government 450

FATHER
12. Name: Unk.
13. Birthplace: Unk.

MOTHER
14. Maiden name: Unk.
15. Birthplace: Unk.

16. Informant: MRS. MAY DOWNING
Address: Clinton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 29 1951 (Month) (day) (year)
Cemetery or crematory: Bell's Church Cemetery
Location: Camp Springs, Md.

18. Funeral director: W. W. Chambers
Address: 517-11th St. S.E.

19. Aug. 26 1951 (Date rec'd by registrar) Edna J. Sellers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 26 1951, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7 1951 to Aug 26 1951 and that I last saw h[illegible] alive on Aug 25 1951

Immediate cause of death: Bronchopneumonia — DURATION: 3 Weeks

Due to: General Arteriosclerosis — Indefinite

Due to:

Other conditions: None of note

107 (Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.:

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Natural Causes Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Paul C. Van Hatten M. D.
Address: 5440 Silver Hill Rd Washington 19 D.C. Date signed: Aug 26 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6221

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE None — COUNTY None
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) #7 H Street N. W., Apt. #3

3. NAME OF DECEASED (Type or Print): (First) WALLACE (Middle) EVERETTE (Last) FIELD
4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 15, 1951
9. AGE last birthday: yrs. — If under 1 year: Months. 2 / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William D. Field
14. MOTHER'S MAIDEN NAME: Eva M. Shifflette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Eva M. Field, #7 H St., N.W., Wash., DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inanition

756.2 Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dehydration - Acidosis

(c) Anomalous dilatation of duodenum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951, to Aug 3, 1951, that I last saw the deceased alive on Aug 3, 1951, and that death occurred at 11-40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Brainin MD — ADDRESS — DATE SIGNED

WILLIAM BRAININ, M.D. — 6124 Central Ave., Capitol Hgts., Md. — 8/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Aug. 4 1951
NAME OF CEMETERY OR CREMATORY: Mt. Comfort Cemetery
LOCATION (City, town, or county) (State): Groveton, Virginia

DATE RECD BY LOCAL REG. 8/4/51
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR — ADDRESS: W. W. CHAMBERS CO., Washington, D.C.

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BUREAU V. S.

3135 9/18/51 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chillum — LENGTH OF STAY (in this place): transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: E. Falls Church
STREET ADDRESS (If rural, give location): Old Frankstown Rd. Route 1

3. NAME OF DECEASED (Type or Print): (First) Murdock (Middle) [illegible] (Last) Finlayson
4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 15, 1905
9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pres. Md Electric Wks. Co.
10b. KIND OF BUSINESS OR INDUSTRY: Engineering
11. BIRTHPLACE (State or foreign country): New Haven, Conn
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Donald Finlayson
14. MOTHER'S MAIDEN NAME: Christine MacKugain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mabel Finlayson - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

4.20.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Malone M.D. Dia. Med. Exam. Chevy Hyattsville, Md 8-16-51

23. BURIAL, CREMATION, REMOVAL (Specify): removal | DATE THEREOF: 8/16/51 | NAME OF CEMETERY OR CREMATORY: Ivy Lawn Memorial Home | LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG. 8-16-51 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: E. Busch & Sons | ADDRESS: Hyattsville Md

2048

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

223

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Va Ranch — LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4200 Kaywood Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 4200 Kaywood Drive

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Frohman

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-30-1893

9. AGE Last birthday: 58 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Public school

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Moses Fromowitz

14. MOTHER'S MAIDEN NAME: Marian Fachnicki

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 240-12-0369

17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

442X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

1310 (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med Exam. Church Hyattsville Md 8-7-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8-8-7-51 | NAME OF CEMETERY OR CREMATORY: Cedar Park Cem | LOCATION (City, town, or county) (State): Brandywine Md

DATE REC'D BY LOCAL REG. Aug 7, 1951 | REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy Sec'y) | 24. FUNERAL DIRECTOR: B Danzansky & Son | ADDRESS: 3331 Rhode Island Ave Mt Rainier Md

RECEIVED
AUG 9 19[illegible]
BUREAU V. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place) 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Ernest	Gardner	8	31	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Male	White	Single	December 1, 1928	22 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Trader-Live Stock	Self Employed	Maryland	U.S.A.

13. FATHER'S NAME: Martin Elbert Gardner

14. MOTHER'S MAIDEN NAME: Ida Grace Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Martin Elbert Gardner-Upper Marlboro, Md. (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

410X

(b) Mitral stenosis

(c) Rheumatic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. E. Bowie	M.D.	Forestville, Md	8/31/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 4, 1951	Trinity Episcopal	Upper Marlboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 1, 1951	R Ernest Smith	Ritchie Bros. Funeral Home	Upper Marlboro, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

224

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville; STREET ADDRESS (If rural give location) St. Mary's Street Box 287

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) (Last) GAYAN

4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1951

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 9, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Ret.

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Austria, Hungry

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Matlak

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mr. Anthony Gayan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage — Interval Between Onset and Death: 4 days

331X 822 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral arteriosclerosis with Hypertension — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1948, to 8-24-51, 1951, that I last saw the deceased alive on Aug. 24, 1951, and that death occurred at 4:35P m., from the causes and on the date stated above.

SIGNATURE Herbert D. Brandes (Degree or title) M.D. ADDRESS 135 R.I. Ave., N.E. Washington, D.C. DATE SIGNED 8-25-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Aug. 29, 1951; NAME OF CEMETERY OR CREMATORY: Washington National; LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. Aug. 27-1951; REGISTRAR'S SIGNATURE John D. Smith

24. FUNERAL DIRECTOR: CHAMBERS, W. W. ADDRESS: Riverdale, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(1822)

CERTIFICATE OF DEATH

Reg. Dist. No. 234

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

1. PLACE OF DEATH:
County: Prince Georges
City or town: Clinton, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Clinton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Brandywine Ave
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3. (a) FULL NAME: Pauline B Griffith

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	white	married

6.(b) Name of husband or wife: Lester H Griffith.
6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Jan 12 1905

8. AGE: Years: 46 Months: Days: If less than one day: hrs. min.

9. Birthplace: Shenandoah Virginia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER 12. Name: John H. Bennett
13. Birthplace: Virginia

MOTHER 14. Maiden name: Susan Kite
15. Birthplace: Virginia

16. Informant: Lester H Griffith
Address: Clinton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 12 51 (month) (day) (year)
Cemetery or crematory: methodist Cemetery
Location: Shenandoah, Va

18. Funeral director: Simmons Bros.
Address: 2007 Nichols Ave. S.E.

19. Aug 9th 19 51 Howard J Bell Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 9th 19 51 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 8 19 57 to Aug 9 19 57
and that I last saw her alive on Aug 7 19 57

Immediate cause of death	DURATION
Acute Congestive Heart failure	1 hr.
Due to: Metastatic Carcinoma From	
Due to: Carcinoma of Right breast	June 1950
Other conditions: —	

17PX 50

(Include pregnancy within 3 months of death)

Major findings of operations: unknown Date of op.: —

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Natural Date of:
Where did injury occur? Counties (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: — Injured at work?

23. SIGNATURE: Paul C Ten Eyck M. D. or other
Address: Washington 19 DC Date signed: Aug 9 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (In this place) 47 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3210 Bunker Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 3210 Bunker Hill Rd

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) STROUP (Last) HAAS

4. DATE OF DEATH: (Month) Aug (Day) 17, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower

8. DATE OF BIRTH: 1/22/1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial artist

10b. KIND OF BUSINESS OR INDUSTRY: own self

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Haas

14. MOTHER'S MAIDEN NAME: Elizabeth Stroup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Grace Miller Mt Rainier Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Congestive Heart Failure	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary Heart Disease	9 mos
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aneurysm of aorta

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19 1950, to Aug 16, 1951, that I last saw the deceased alive on Aug 16, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE: Samuel G N Sugar (Degree or title) M D ADDRESS 4300 Kayrook Dr Mt Rainier Md DATE SIGNED Aug 18 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 8/21/51 NAME OF CEMETERY OR CREMATORY: Ft Lincoln LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. Aug 21 1951 REGISTRAR'S SIGNATURE: Mrs. Jas Devereaux (Deputy Registrar)

24. FUNERAL DIRECTOR: Flowers Funeral Home ADDRESS Hyattsville Md

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1822

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince George

City or town: Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? since May 7, 1951

Hospital, institution, or street address where death occurred:

2601 Cheverly ave

How long in hospital or institution? since May 7, 1951

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: District of Columbia County:

City or town: Washington 18

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3040 So Dakota ave NE

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Mrs Elizabeth Harbers

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Herman Harbers

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): October 16, 1865

8. AGE: Years	Months	Days	If less than one day
85	9	26	..... hrs. ..... min.

9. Birthplace: West Point NY (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Francis Joseph Eisenman

FATHER — 13. Birthplace: Wurzburg, Bavaria, Germany

MOTHER — 14. Maiden name: Caroline Roderick

MOTHER — 15. Birthplace: Wurzburg, Bav., Germany

16. Informant: Mrs Arnette Dixon

Address: 3040 So Dakota ave NE Wash DC

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: AUG. 14, 1951 (month) (day) (year)

Cemetery or crematory: FORT LINCOLN

Location: BLADENSBURG. Md.

18. Funeral director: W.W. Chambers Co.

Address: 1400 Chapin st. NW. Wash DC

19. Aug 12 1951 Amanda Downey

(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 11 1951 at 4:58 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1948 to August 11 1951 and that I last saw h.. alive on August 11 1951

Immediate cause of death	DURATION
Cerebral Thrombosis	6 mos
Due to: arteria sclerosis	unknown
Due to: 332X	
Other conditions: 822	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Charles [illegible] M.D. or other

Address: 2001 R Ave NE Wash DC Date signed: 8/14/51

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 14 1951
BUREAU V. S.

Item 18 Film 139-1-25-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND — LENGTH OF STAY (in this place)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 3515-25th St. N.E.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Chester	C.	Hayes	Dec.	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7-26-1905	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Gen. Electric	Columbia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Thomas Hayes	Josie Strong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute dilatation of the heart, failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Spontaneous cerebral hemorrhage
(c) Multiple fractures
(d) Shock

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Washington	Dist. of Col.	

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
9	12	51	1:00 p.m.			Driver of an automobile apparently had a cerebral accident while driving. (1-2-52 ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jno. J. Mahoney, M.D. Dep. Med. Exam.	Cheverly, Prince George's Co., Md.	12-13-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-12-51		Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-12-51	Amanda Downey	W. W. Chambers Co	517-11th St. S.E.

RECEIVED
AUG 15 1952
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

(22)

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 76 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4009 Buchanan

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4009 - Buchanan

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gertrude	M.	Herbert	Aug	19	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Female	White	Widowed	July 29, 1861	90 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Virginia	U.S.A.

13. FATHER'S NAME: George Freitag
14. MOTHER'S MAIDEN NAME: Susie Woelecker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Marion Herbert - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

13 | a (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Exam.	Cheverly - Hyattsville Md	8-19-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/22/51	Cedar Hill	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 21 1951	Mrs. Jas. Severe / Deputy / Local	F. Wade Sons	Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 2 yrs., 8 mos., and 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 420 2nd Street, N. W.

3. NAME OF DECEASED (Type or Print): (First) Leola (Middle) Y. (Last) Hunter
4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Separated	7/7/1909	42 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Charlotte, N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Young
14. MOTHER'S MAIDEN NAME: Minnie Milton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis, Far Advanced — Interval between onset and death: 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

13 ½

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1948, to 8/4, 1951, that I last saw the deceased alive on 8/4, 1951, and that death occurred at 2 20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David Lee Fincane MD Glenn Dale Sanatorium, Glenn Dale, Maryland 8/4/51

23. BURIAL, CREMATION, REMOVAL (Specify) ✓ | DATE THEREOF 8/9/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 8/4/51 | REGISTRAR'S SIGNATURE Roe Wells | 24. FUNERAL DIRECTOR ADDRESS Malcom & Ackley 424 8st NW DC

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY P.G. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Upper Marlboro — MARYLAND — LENGTH OF STAY (In this place) Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P.G. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Upper Marlboro — STREET ADDRESS (If rural, give location) 5 mi north-R-301

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	E.	Ireland	Aug	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Nov 3 1855	95 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Tenant	Md	U.S.A.

13. FATHER'S NAME: Richard Tipps

14. MOTHER'S MAIDEN NAME: Selena Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		A Nicholson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia	5 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - generalized - severe	Unk
450.0 97	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1947, 19....., to Aug., 1951., that I last saw the deceased alive on Apr 26, 1951., and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B W Carson M D Upper Marlboro Md Aug 7

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	8/10/51	St. Barnabas	Leeland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
		Ritchie Bros. Upper Marlboro, Md.

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (In this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1234- 4'th St., N.W.

3. NAME OF DECEASED (Type or Print) (First) ASCENSION (Middle) (Last) JOHNSON
4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Negro	married(sep.)	11/2/1900	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tarboro, N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walker Banks
14. MOTHER'S MAIDEN NAME Mary Ann Mattnea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-28-8712
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21/51, to 8/30/51, that I last saw the deceased alive on 8/30/51, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D	Glenn Dale Sanatorium, Glenn Dale, Md.	8/30/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	9/1/51		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/31/51	[illegible]	R.J. Horton & Co	1322 U St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AT

1. PLACE OF DEATH
COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham
STREET ADDRESS (If rural, give location): Telegraph Rd. Wyass Inn Farm.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) A. (Last) Nagle.

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 5th 1877

9. AGE last birthday: 73 yrs.

If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired truck farmer

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: William Nagle.

14. MOTHER'S MAIDEN NAME: Minna Garrison.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 717-07-6275

17. INFORMANT AND ADDRESS: Hospital Records Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage. — Interval between onset and death: 2 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis. — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 46, to Aug 28, 19 51, that I last saw the deceased alive on Aug 28, 19 51, and that death occurred at 6:27 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lee Malin MD Riverdale, Md 8.28.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/31/51

NAME OF CEMETERY OR CREMATORY: Ft Lincoln

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Aug 30, 1951

REGISTRAR'S SIGNATURE: James Seery

24. FUNERAL DIRECTOR: F Fisuchi & Son

ADDRESS: Hyattsville Md

Hy 5373 w
Hy 0187

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

234

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Hillon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7300 Hillon Ave

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) John (Last) Kingsley
4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-16-1902
9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Editor
10b. KIND OF BUSINESS OR INDUSTRY: U. S. A. Mag.
11. BIRTHPLACE (State or foreign country): Wellington, Kansas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Waitie G. Kingsley
14. MOTHER'S MAIDEN NAME: Emma Shococ.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 443-10-5809
17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. med. Exam. Cheverly-Hyattsville, Md. 8-29-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/31/51 | NAME OF CEMETERY OR CREMATORY Wellington | LOCATION (City, town, or county) (State) Wellington, Kansas

DATE REC'D BY LOCAL REG. Aug 30 1951 | REGISTRAR'S SIGNATURE James Lucy

24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey Inc Silver Spring, Md.

(26)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 84

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek | LENGTH OF STAY (If dead on arrival, so state) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Erie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Erie
STREET ADDRESS (If rural, give location) 2035 A Gladstone Court

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Richard	J.	Kliver		8	26	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single	4/28/10	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Jeweler	Self	Ridgeway, Pa.	USA

13. FATHER'S NAME: John Kliver
14. MOTHER'S MAIDEN NAME: Magdelene Geitner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WWI	193-10-8632	William Wiles 172 Clinton Ave New Rochelle, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Drowning	
(c)		

850.8
172

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	At place of death	Accokeek,	P. G.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
8	26	51	6:00P		Fell from a motor boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Lloyd	M. D.	Forestville, Md.	8/31/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	9/1/51	Ridgway Cemetery	Ridgway Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/1/51	Amanda Downey	F. Gasch's Sons	Hyattsville Maryland.

Mrs. Allen Davis — F. Gasch's Sons.

Item 9 FilmG135 8/20/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4836 — 2245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Md
LENGTH OF STAY (in this place): transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania — COUNTY: Berks
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reading Pennsylvania
STREET ADDRESS (If rural, give location): 1408 North 6th Street

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Charles (Last) Lawley

4. DATE OF DEATH: (Month) Aug 14 (Day) (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 3/24/1895

9. AGE last birthday: ~~55~~ 56 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Contracting carpenter

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Obediah Lawley

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Helen Rebecca Lawley Reading Pennsylvania

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) Cerebral arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. | Cheverly, Hyattsville Md | 8-14-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 8/14/51 | NAME OF CEMETERY OR CREMATORY: Seidel Funeral Home | LOCATION (City, town, or county) (State): Reading Pa

DATE REC'D BY LOCAL REG.: Aug 14, 1951 | REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: F Rocheseone | ADDRESS: Hyattsville Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: PRINCE GEORGES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
LENGTH OF STAY (in this place): 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Edgewood Rd & Balt Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park Md.
STREET ADDRESS (If rural, give location): Edgewood Rd & Balt Ave PK Md

3. NAME OF DECEASED (Type or Print): (First) Christopher (Middle) August (Last) Leypoldt

4. DATE OF DEATH: (Month) 8 (Day) 4 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 8/19/1890

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): YEAST MAKER

10b. KIND OF BUSINESS OR INDUSTRY: Yeast Plant

11. BIRTHPLACE (State or foreign country): Beltsville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christopher A Leypoldt

14. MOTHER'S MAIDEN NAME: Fannie Gates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-05-0808

17. INFORMANT AND ADDRESS: Ethel X Leypoldt (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute heart failure — Interval between onset and death: 1 hr

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

420.1 2

(b) Coronary thrombosis — 16 Months

(c) Generalized arteriosclerosis — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1951, to Aug. 4, 1951, that I last saw the deceased alive on 8-4, 1951, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE: Shaw Woodall (Degree or title) M. D. ADDRESS: 30-B Hope Rd Greenbelt Md. DATE SIGNED: 8-4-51

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial | DATE: Aug. 8, 1951 | NAME OF CEMETERY OR CREMATORY: St. John's Episcopal | LOCATION (City, town, or county) (State): Beltsville, Md.

DATE REC'D BY LOCAL REG.: August 5, 1951 | REGISTRAR'S SIGNATURE: James Devery

24. FUNERAL DIRECTOR: W. W. Chambers Co., ADDRESS: Riverdale, Md

RECEIVED
AUG 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH — COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (In this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): 409 Main Street

3. NAME OF DECEASED (Type or Print): (First) Rebecca (Middle) — (Last) Wong
4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 8 1875
9. AGE last birthday: 75 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Baltimore County, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Hardraft
14. MOTHER'S MAIDEN NAME: Elizabeth —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Oliver C. Long, Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 1 Day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardio Vascular disease — 5 yrs
(c) Hemiplegia — 1 Yr

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arteriosclerosis — 8 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1951, to 8/12, 1951, that I last saw the deceased alive on 8-11, 1951, and that death occurred at 6.36 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J M Warren M.D. — ADDRESS: Laurel — DATE SIGNED: 8/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 14/1951 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Laurel Md

DATE REC'D BY LOCAL REG.: Aug 13-51 — REGISTRAR'S SIGNATURE: M. Beasheare — 24. FUNERAL DIRECTOR — ADDRESS: DeWitt Sandborn, Laurel, Md

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

RECEIVED
AUG 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08239

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3916 Kennedy Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3916 Kennedy Street

3. NAME OF DECEASED (Type or Print): (First) TRAVIS (Middle) JOHNSON (Last) LONG

4. DATE OF DEATH: (Month) August (Day) 18th, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 1st, 1908

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.

11. BIRTHPLACE (State or foreign country): Frametown, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sidney Johnson Long

14. MOTHER'S MAIDEN NAME: Jane Keener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 578-03-2588

17. INFORMANT: Mary M. Long, 3916 Kennedy St. Hyatts. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
434.1 B2
(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Aug., 1951, to 18 Aug., 1951, that I last saw the deceased alive on 17 Aug., 1951, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

SIGNATURE: Henry R. Wolfe — (Degree or title) M.D. — ADDRESS 5603 Chillum Hgts. Drive — DATE SIGNED 8/19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 21/1951 | NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cem. | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. Aug 19, 1951 | REGISTRAR'S SIGNATURE James Seery

24. FUNERAL DIRECTOR: W.W. Chambers Company, Riverdale, Md. — ADDRESS

S 4 N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-1

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro - Rural
STREET ADDRESS (If rural, give location) Box 21 Rt. #2

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) E (Last) Mazzullo
4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb. 14-1881
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Painter & decorator
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mazzullo
14. MOTHER'S MAIDEN NAME: Lena M. Arth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): no
16. SOCIAL SECURITY NO.: 214-16-1046
17. INFORMANT AND ADDRESS: Mrs Lillian Mazzullo (wife) address same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hepatic coma

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Portal Cirrhosis

(c) Intrahepatic Calculi
Calculus in Common Bile duct

594X
1.6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 19 51, to Aug. 17, 19 51, that I last saw the deceased alive on Aug. 17, 19 51, and that death occurred at 7 15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irwin M. Grossman M.D. — ADDRESS 2503 Queens Chapel Rd. Mt Rainier Md. — DATE SIGNED 8-19-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 20 1951 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) (State) Suitland Md. Pr. Geo.

DATE REC'D BY LOCAL REG. 8-19-51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR AND ADDRESS Nalley's Funeral Home 3200-R.I. Ave. Mt. Rainier, Md.

[illegible]

[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY. Prince Ges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place) 60 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) HARRISON (Last) McCAULEY

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1957

5. SEX: male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov 10 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

11. BIRTHPLACE (State or foreign country): D.C

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: GEORGE WASHINGTON McCauley

14. MOTHER'S MAIDEN NAME: Althea M. SKIPPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Naomi Anderson - Bowie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
422.2 93d
(b) Chronic myocarditis — 6 y.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18, 1957, to 8-20, 1957, that I last saw the deceased alive on 8-20, 1957, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE Wm. A. Berry (Degree or title) M.D. ADDRESS Laurel DATE SIGNED 8-22-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 23 Aug 1957 | NAME OF CEMETERY OR CREMATORY: Lincoln Memorial | LOCATION (City, town, or county): Colmar Manor (State): Md.

DATE REC'D BY LOCAL REG.: Aug. 23, 1957 | REGISTRAR'S SIGNATURE: Mrs. Agnes M. Yingling | 24. FUNERAL DIRECTOR: J. Davis Son | ADDRESS: Hyattsville Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1824

Reg. Dist. No. 230

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (In this place) 15 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 6908 Carleton Terrace

3. NAME OF DECEASED (Type or Print): (First) LEON (Middle) OWEN (Last) MCCUBBIN SR.

4. DATE OF DEATH: (Month) August (Day) 24, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8/18/1871

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Dispatcher

10b. KIND OF BUSINESS OR INDUSTRY: Penn. R.R.

11. BIRTHPLACE (State or foreign country): Upper Falls, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Owen McCubbin

14. MOTHER'S MAIDEN NAME: Fannie R. (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Annie C. McCubbin - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Failure with Pulmonary Edema	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage with Hemiplegia	6 1/2 yrs
	(c) Hypertensive Cardio Vascular Disease	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21, 1941, to 8-24, 1951, that I last saw the deceased alive on 8-7, 1951, and that death occurred at 2:40 P m., from the causes and on the date stated above.

SIGNATURE W. B. Moyers M.D (Degree or title) ADDRESS W. B. MOYERS, M.D. 3303 Perry Street Mt. Rainier, Md. DATE SIGNED 8/24/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug. 24, 1951 | NAME OF CEMETERY OR CREMATORY: St. James Episcopal Cem. | LOCATION (City, town, or county) (State): Tracy's Landing, Md.

DATE REC'D BY LOCAL REG.: August 25-1951 | REGISTRAR'S SIGNATURE: John D Smith

24. FUNERAL DIRECTOR ADDRESS: W. W. CHAMBERS CO., Riverdale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Pa. John T. Maloney notified and told me to fill out a sign certificate.

[illegible], M.D.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: W Lanham Md
LENGTH OF STAY (In this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4902 W Lanham Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: W Lanham Hills Md
STREET ADDRESS (If rural, give location): 4902 W Lanham Drive

3. NAME OF DECEASED (Type or Print): (First) Alfard (Middle) Raymond Mc Cumber (Last)

4. DATE OF DEATH: (Month) Aug (Day) 13, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: July 26, 1889

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Industrial Analyst

10b. KIND OF BUSINESS OR INDUSTRY: U S Government

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Frank Mc Cumber

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Irvin Mc Cumber Richmond Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart failure — few days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 4/34.1

(c) 73e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dayton O Watkins — (Degree or title) MD Asst. Deb. Medical Exam — ADDRESS: 5304 Annapolis Rd Hyattsville Md — DATE SIGNED: 8-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 8/13/51 — NAME OF CEMETERY OR CREMATORY: Bliley Funeral Home — LOCATION (City, town, or county) (State): Richmond Va

DATE REC'D BY LOCAL REG.: 8/13/51 — REGISTRAR'S SIGNATURE: Amanda Downey — Carrie F. Campbell.

24. FUNERAL DIRECTOR — ADDRESS: F Gascha and Hyattsville Md

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8844

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 15 N Laurel Hill Road.

3. NAME OF DECEASED (Type or Print): (First) Maureen (Middle) // (Last) McTiernan

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-12-1948

9. AGE last birthday: 3 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: McTiernan, Francis

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Frances McTierney 15 N. Laurel Hill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute lymphocytic leukemia — Interval Between Onset and Death: 9 weeks

204.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

"4a"

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1951, to Aug. 26, 1951, that I last saw the deceased alive on Aug. 26, 1951, and that death occurred at 11:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Dukoy, M.D., Prince Georges Gen. Hosp., Cheverly, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-30-51

NAME OF CEMETERY OR CREMATORY: Boston

LOCATION (City, town, or county) (State): Boston, Mass.

DATE REC'D BY LOCAL REG.: 8-27-51

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W. K. Hentzemann

ADDRESS: 5732 La Ave

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glassy — LENGTH OF STAY (in this place): 15 mm
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Route #1 - Box 102
STREET ADDRESS (If rural, give location): Upper Marlboro - Md

3. NAME OF DECEASED (Type or Print): (First) Carlos (Middle) Orton (Last) Moore
4. DATE OF DEATH: (Month) T-25 (Day) (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12-22-32
9. AGE last birthday: 18 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming - Tobacco
10b. KIND OF BUSINESS OR INDUSTRY: Family Farm
11. BIRTHPLACE (State or foreign country): Upper Marlboro
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Moore
14. MOTHER'S MAIDEN NAME: Viola M. Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 577-42-2031
17. INFORMANT AND ADDRESS: Father - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E15.5 **Immediate cause** (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Laceration of brain & cerebral concussion

1 d (c) Fracture of skull.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street — (CITY OR TOWN) Lyons Creek — (COUNTY) Charles — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 8 - 25 - 51 m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Collision of two motorcycles.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Hans J. Mahony M.D. Physician - Farm Church Hyattsville, Md. 8-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/29/51 — NAME OF CEMETERY OR CREMATORY: Epiphany Episcopal — LOCATION (City, town, or county) (State): Forestville, Md.

DATE REC'D BY LOCAL REG.: Aug 28 1951 — REGISTRAR'S SIGNATURE: R. Ernest Smith

24. FUNERAL DIRECTOR — ADDRESS: Ritchie Bros. Upper Marlboro, Md.

10005

VS-A13A (1)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md — LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park, Maryland
STREET ADDRESS (If rural, give location) 6801 Dartmouth Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Seibert (Last) Moore

4. DATE OF DEATH: (Month) August (Day) 31, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 4/10/1883

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: own self

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: James Moore

14. MOTHER'S MAIDEN NAME: Minnie Seibert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Clara E. Moore College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial infarction

94a (c) Coronary Occlusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 29, 1951, to Aug 31, 1951, that I last saw the deceased alive on Aug 30, 1951, and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. — Cheverly Hyattsville, Md — 9-1-51

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation | DATE THEREOF: 9/3/51 | NAME OF CEMETERY OR CREMATORY: Holy Cross | LOCATION (City, town, or county) (State): Brooklyn N.Y.

DATE REC'D BY LOCAL REG. 9-2-51 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: F. Gasch Sons — ADDRESS: Hyattsville Md

032861

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 30

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15-B Parkway Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 15-B Parkway Road

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) ELLEN (Last) O'CONNOR

4. DATE OF DEATH: (Month) Aug. (Day) 29th, (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 18/1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Berkley Cty., W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nimrod Wright

14. MOTHER'S MAIDEN NAME: Susan Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mary C. O'Connor, 15-B Parkway Rd., Greenbelt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 1 hour.

420.1 / 94 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis; hypertension — many years.

(c) Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia — 6 mos.?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1st 48, to Aug. 29, 1951, that I last saw the deceased alive on Aug. 29, 1951, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE: William P. Seal — (Degree or title): M.D. — ADDRESS: Greenbelt, Md. — DATE SIGNED: Aug. 29, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/30/51 — NAME OF CEMETERY OR CREMATORY: St Andrews Church Cem. — LOCATION (City, town, or county) (State): Lanham, Md.

DATE REC'D BY LOCAL REG.: August 30th 1951 — REGISTRAR'S SIGNATURE: Jane D Smith

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Company, Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park Md
LENGTH OF STAY (In this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4337 Clagett Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park Md
STREET ADDRESS (If rural, give location) 4337 Clagett Road

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Frederick (Last) Orton

4. DATE OF DEATH (Month) Aug (Day) 21, (Year) 1951 19

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married | 8. DATE OF BIRTH 6/30/1896 | 9. AGE last birthday 55 years yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Examiner
10b. KIND OF BUSINESS OR INDUSTRY U S Government
11. BIRTHPLACE (State or foreign country) Hastings Nebraska
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Edward Orton
14. MOTHER'S MAIDEN NAME Amanda Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----- -----
17. INFORMANT AND ADDRESS Emma S Orton University Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: 3 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
140
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

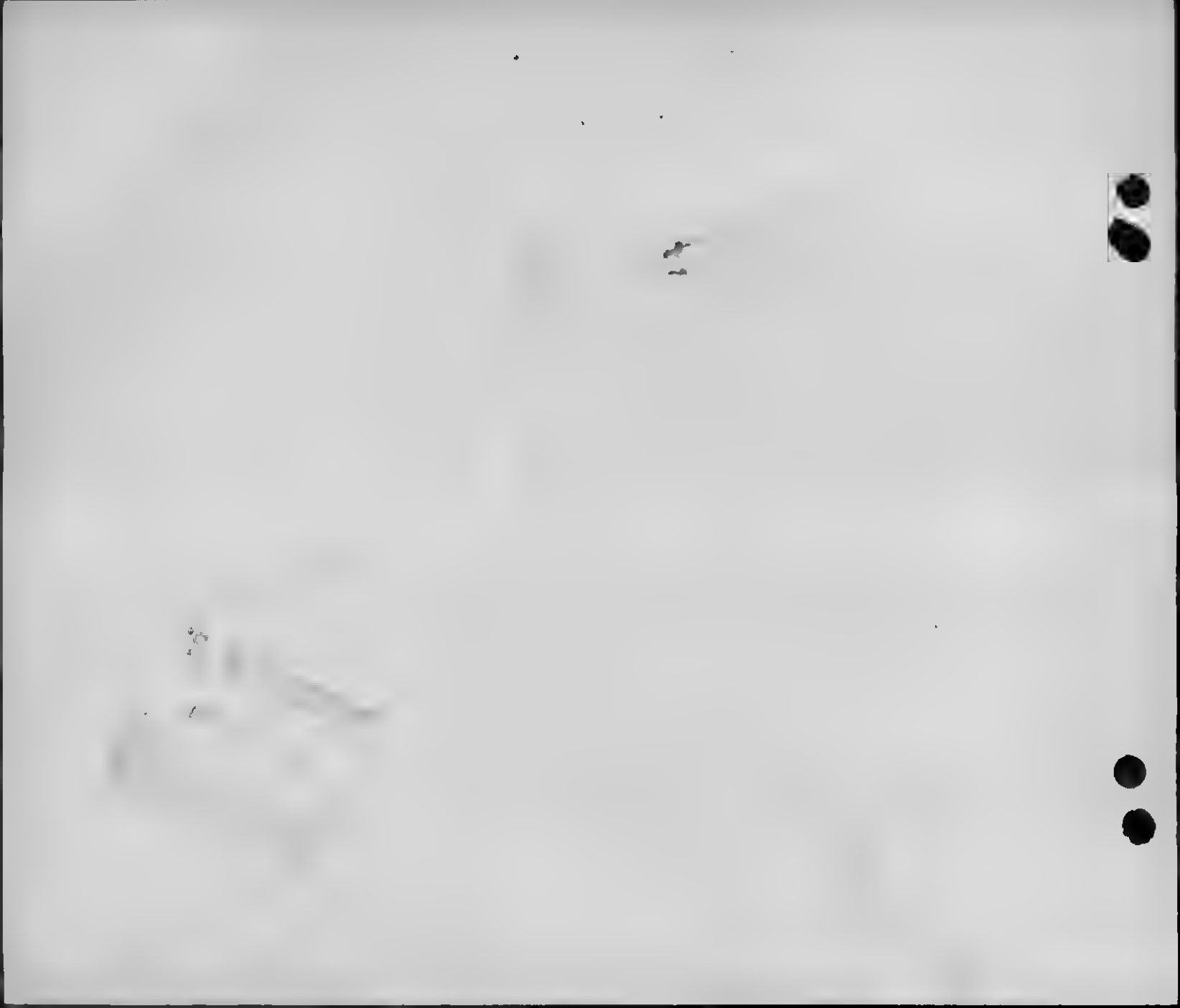
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19, 19.51, to 8/21, 19.51, that I last saw the deceased alive on 8/21, 19.51, and that death occurred at 10.25 p.m., from the causes and on the date stated above.

SIGNATURE Louis J Mendel (Degree or title) M D ADDRESS College Park Md DATE SIGNED 8/23/51

23. BURIAL, CREMATION, REMOVAL (Specify) transportation
DATE THEREOF 8/24/51
NAME OF CEMETERY OR CREMATORY Haynes & Roeder Funeral Home
LOCATION (City, town, or county) (State) Omaha Nebraska

DATE REC'D BY LOCAL REG. Aug. 24 1951
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Mrs.) Local.
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Maryland.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Estelle (Middle) (Last) Parker

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 19 51

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Jan 25 1907 | 9. AGE Last Birthday: 49 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Grant Harrison | 14. MOTHER'S MAIDEN NAME: Alice Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: John McDaniel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro-vascular Accident	4 hours
331X Antecedent cause(s)	(b) Malignant Hypertension	1 year
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Aug 7, 1951, that I last saw the deceased alive on Aug. 7, 1951, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE: T. Richard Conner | (Degree or title) M.D. | ADDRESS Bowie, Md. | DATE SIGNED Aug. 7, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Aug 11 1951 | NAME OF CEMETERY OR CREMATORY Fork and Zion | LOCATION (City, town, or county) (State) Wellington Forest A A Co Md

DATE REC'D BY LOCAL REG. 8-8-51 | REGISTRAR'S SIGNATURE Mrs. Agnes M. Yingling | 24. FUNERAL DIRECTOR Robert L. Snyder | ADDRESS Rockville Md

RECEIVED
AUG 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

S-2511

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Landover Hills
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7403 Allison St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Landover Hills
STREET ADDRESS (If rural, give location): 7403 Allison St.

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) A. (Last) Parker

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12-21-07

9. AGE Last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabin Manager & painter

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Irey M. Parker

14. MOTHER'S MAIDEN NAME: Janette Satterthit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Elizabeth Parker - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

973.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carbon monoxide poisoning

163 M (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Landover Hills — (COUNTY): Pr. Geo. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 8-16-51 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Accidentally carbon monoxide from auto engine fumes.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide X, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Malone M.D. Asst. Med. Exam. Upper Marlboro, Md. 8-16-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/18/51 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county) (State): Bladensburg Md.

DATE RECD BY LOCAL REG.: 8/18/51 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: F. Beechenore Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'251

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 1 yr. and 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1307 Euclid St., N. W.

3. NAME OF DECEASED (Type or Print): (First) GARRETTE (Middle) W (Last) PECK
4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/11/1894
9. AGE last birthday: 57 yrs. — If under 1 year: Months —, Days —; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Consultant Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Columbia, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank W. Peck
14. MOTHER'S MAIDEN NAME: Leona Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1907-1911
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	15 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	4 years
13 Yr	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16/, 1950, to 8/25/, 1951, that I last saw the deceased alive on 8/24/, 1951, and that death occurred at 5:50 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Daniel Leo Ferreira M.D. — Glenn Dale Sanatorium, Glenn Dale, Maryland — 8/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 8/28/51 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REG. 8/25/51 — REGISTRAR'S SIGNATURE Roe Wells — 24. FUNERAL DIRECTOR S.H. Hines — ADDRESS 2901 14th N.W. Washington D.C.

04/18/98

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242 — 08252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomingside — LENGTH OF STAY (In this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Woodland Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY F
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 7 East Fulton

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marguerite	O'Keefe	Pedone	Aug.	8	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	white	widowed	1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	At Home	Ireland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Louise Fern Pedone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

442X
131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy ☐, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyle	M.D.	Forestville, Md.	8-9-51

27. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-AUG-1951	HOLY CROSS	PHILADELPHIA, PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 10-51	Carrie F. Campbell	W. W. Chambers Co.	517 11th St. S.E. Wash. D.C.

VS/A13A

AUG 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 233 - Fairmont Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont
STREET ADDRESS (If rural, give location) R.F.D. 233 - Fairmont Park

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) [illegible] (Last) Pollard

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 19

5. SEX: Female — 6. COLOR OR RACE: Negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: May 11, 1890 — 9. AGE: Last birthday 61 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Ellis — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Husband - Fairmont

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculosis

414 X / 131 a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of cervical disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John. Nelson, M.D. [illegible] 8-29-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Removal — DATE THEREOF 8-29-51 — NAME OF CEMETERY OR CREMATORY Horton Fun. Home — LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 8-29-51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR Horton Funeral Home — ADDRESS 1322 U St. N.W. Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08254

Reg. Dist. No. 231

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P G — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna		Rawlings	August	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	July 16 1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	3 wks
332 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last — F36	(b) Gastric Hemorrhage & Shock	3 wks
	(c) Gastric Ulcer	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1946, 19..... to 3 Aug, 1951, that I last saw the deceased alive on 2 Aug, 1951, and that death occurred at 10 10 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H H Cassee	MD	Upper Marlboro Md	3 Aug 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 5 1951	Mt Zion	Lothian Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-3-51	Amanda Downey	T A Hardesty & Son	Galesville Md

REGISTERED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

255

232

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. / MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood —
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) (Last) Richards.

4. DATE OF DEATH (Month) August (Day) 17 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 1-16-72

9. AGE last birthday 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph T. Downs

14. MOTHER'S MAIDEN NAME Margarett E. Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS J. B. Richards - son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage Rupt	36 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Renal	6 yrs
	(c) Congestive Heart Failure	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	10 yrs

442 X
131

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1951, to Aug 17, 1951, that I last saw the deceased alive on Aug 17, 1951, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James E. Tarrer M.D. — Upper Marlboro-Md- 8-17-51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF Aug. 20-51 — NAME OF CEMETERY OR CREMATORY Emanuel Cemetary — LOCATION (City, town, or county) (State) Horsehead

DATE REC'D BY LOCAL REG. Aug 18 1951 — REGISTRAR'S SIGNATURE Rebus Smith

24. FUNERAL DIRECTOR Ritchie Bros. - Upper Marlboro Md. — ADDRESS

V8-AIS

[illegible]
UG [illegible]
BOARD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Langley Park | LENGTH OF STAY (In this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8216 - 15 ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Langley Park Md
STREET ADDRESS (If rural, give location) 8216 - 15 st ave

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) ANNE (Last) RIVES
4. DATE OF DEATH: (Month) Aug (Day) 23, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	single	9/23/1947	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D C
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Louie H. Rives
14. MOTHER'S MAIDEN NAME: Virginia Kercheval

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Louie H Rives Langley Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Retino-Blastoma	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

192X
55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Enucleation - 1951	Retino-Blastoma	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 1947, to Aug 23, 1951, that I last saw the deceased alive on Aug 22, 1951, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bernard Katz M.D. 3550 - Minn Ave. S.E. Wash D.C. 8.23.51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/25/51	Cedar Hill	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 24 1951	Mrs Jas. Severe (Deputy Local R.)	F Bruce Sons	Hyattsville Md

VS-4

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 3 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — STREET ADDRESS (If rural, give location) 4903 Gallatin Street

3. NAME OF DECEASED (Type or Print): (First) Royal (Middle) [illegible] (Last) Sargent

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-28-14

9. AGE: Last birthday 37 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Const. Office

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Irving Sargent

14. MOTHER'S MAIDEN NAME: Nellie Arrasmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Collapse

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Surgical shock

52a (c) Bilateral hypostatic pneumonia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operation for hypostatic pneumonia

19a. DATE OF OPERATION: 8-27-51

19b. MAJOR FINDINGS OF OPERATION: Tumor of kidney.

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital — (CITY OR TOWN) Hyattsville — (COUNTY) Prince George's — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 8-27-51 12 noon

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shock - during operation for tumor of kidney

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ☒ suicide homicide , undetermined .*

SIGNATURE (Degree or title): John D. Malone, M.D. & Surg. Med. — ADDRESS: [illegible] Hyattsville, Md. — DATE SIGNED: 8-27-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 8/29/51 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG. 8-27-51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: William E. Bunch — ADDRESS: 3525 Bladensburg Rd. Wash 18, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 248

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie (Rural) — LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) MAY (Last) SCHAFER

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 21 1895

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bowie Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Harman

14. MOTHER'S MAIDEN NAME: Rachel Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Milton R. Schafer, Bowie Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 1 h.

331X Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 462

(b) Hypertension — 3 y

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Cancer of the colon — 8 mo.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 8-5, 1951, that I last saw the deceased alive on 8-5, 1951, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE: Wm. R. Bunge — (Degree or title) M.D. — ADDRESS Laurel. Md. — DATE SIGNED 8-5-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE Aug 7 1951 — NAME OF CEMETERY OR CREMATORY: Perkins Chapel — LOCATION (City, town, or county) (State): Bowie Maryland

DATE REC'D BY LOCAL REG. 8-6-1951 — REGISTRAR'S SIGNATURE: Mrs. Agnes M. Yingling

24. FUNERAL DIRECTOR: DeWitt Donaldson — ADDRESS Laurel Md

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08259

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 2 mo., 10 da's
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2100 19'th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) PAULINE (Middle) D. (Last) SIMONS

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/12/21

9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Nat'l Defense, Pentagon

11. BIRTHPLACE (State or foreign country): Columbia, S. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elliott Dinkins

14. MOTHER'S MAIDEN NAME: Nora Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 577-22-5711

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: ~7 yrs.

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1951, to 8/2, 1951, that I last saw the deceased alive on 8/2, 1951, and that death occurred at 12:35 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Rao Pinneau — (Degree or title): M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 8/2/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 8/2/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: 8/2/51 | REGISTRAR'S SIGNATURE: Ina Weiss | 24. FUNERAL DIRECTOR: Malcom J. Seley Inc. — ADDRESS: 424 - R. St. NW

per - W.C. Chamal

350 1.

RECEIVED
AUG 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08260

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 11 yrs., 8 mos. and 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE DC. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 603 N. St., N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANTHONY	F.	SMITH	8	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	2/19/1906	45 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Messenger at	School	New York, New York	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No —	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

10 h (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/24/51, to 8/4/51, that I last saw the deceased alive on 8/3/51, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lea Pinecane	MD	Glenn Dale Sanatorium Glenn Dale, Maryland	8/5/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8/6/51		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/6/51	Mae Wells	The W.C. Swinnerton Funeral Service	1820-9th NW

#84 3

AUG 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08261

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Geo. Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (In this place) 2 3 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.; STREET ADDRESS 2727 Adams Mill Rd N.W. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Catherine		Smith	August	11	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	Widow	June 6, 1857	94 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	England	?

13. FATHER'S NAME: Dennis McMahon

14. MOTHER'S MAIDEN NAME: Mary Ann Curran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No. None	None	Sacred Heart Home Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive failure	10 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August 1, 1948, to August 1, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas J. Tillin M.D. ADDRESS: 322 H St NE DATE SIGNED: 8-1-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 3 1951	Rock Creek Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 1 1951	Mrs. Jas. Devere Deputy Local Reg	The A.H. Hines Co.	2301 14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 47

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08262

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct an... is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro | LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9061 River View Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) 9061 River View Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Edward (Last) Smith
4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1957
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 29 1883
9. AGE last birthday: 6 8 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Smith
14. MOTHER'S MAIDEN NAME: Mary Keatley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-30-3414
17. INFORMANT AND ADDRESS: Cassie A. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

4142X
131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James D. Boyd M.D. Forestville Md 8/21/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8-23-57 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Hyattsville, Md.

DATE REC'D BY LOCAL REG. Aug 21-1957 | REGISTRAR'S SIGNATURE Emma F. Tolson | 24. FUNERAL DIRECTOR W. W. Chambers Co | ADDRESS 517 11th St SE

82-0105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevrely; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. 19 DC.; STREET ADDRESS (If rural, give location) 6207 - Shadyside Ave

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Steele

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: Nov 12 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber - Self Employed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Chas M. Steele

14. MOTHER'S MAIDEN NAME: Mary E Dement

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lottie A. Steele 6207 Sunnyside ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diffuse Broncho Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Generalized Lymphosarcoma

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Brannin MD 612 4 Central Ave, Capitol Hgts Md 8/30/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9-4-51 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 8-30-51 REGISTRAR'S SIGNATURE Amanda Dawney

24. FUNERAL DIRECTOR ADDRESS J. Wm Lee Sons 300 - 4th St. N.E. Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4600 Emerson St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Maryland
STREET ADDRESS (If rural, give location) 4903 Edmonston Road

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) Elizabeth (Last) Sutton
4. DATE OF DEATH (Month) Aug (Day) 24, (Year) 1951 - 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6/21/1863
9. AGE last birthday 88 years (yrs.) If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Louis Sutton
14. MOTHER'S MAIDEN NAME Rosa E Sasscer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Wm B Mc Gregor Hyattsville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 5 hrs

170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
50 (b) Carcinomatosis — 2 Yrs

(c) ~~At~~ Primary Breast & Liver (8-31-51 ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Aug 24, 1951, that I last saw the deceased alive on Aug 24, 1951, and that death occurred at 7 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Guy W Kaltenbach M.D. Hyattsville, Md. Aug 24 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/28/1863
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REG. Aug 26 1951
REGISTRAR'S SIGNATURE Mrs Jas Lovere (Deputy Local)
24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 325

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Brentwood — LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Brentwood
STREET ADDRESS (If rural, give location) Rhode Island 4912

3. NAME OF DECEASED (Type or Print): (First) Dent (Middle) N.M.I. (Last) Thomas

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1900

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Utility Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT: Mrs. Bolden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart — Interval between onset and death: 1-3 days

502.1 / 106 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition + Chronic Bronchitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Inability to take food.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1951, to 8-9-, 1951, that I last saw the deceased alive on 8-9-, 1951, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. W. Hilby M.D. Brentwood Md 8/9/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 10 '51 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REG. Aug 10, 1951 — REGISTRAR'S SIGNATURE James Lowery

24. FUNERAL DIRECTOR Glascoe Sons Hyattsville Md — ADDRESS

RECEIVED
AUG 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0826

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alton (Middle) B (Last) Trueman
4. DATE OF DEATH: (Month) Aug. (Day) 6 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/11/97
9. AGE last birthday: 54 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco (Family farm)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua Trueman
14. MOTHER'S MAIDEN NAME: Mary E. Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS: Eleanor C. Trueman, Aquasco, Md. (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	30 days
420.1 Antecedent cause(s)	(b) Coronary Occlusion	
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1951, to Aug 6, 1951, that I last saw the deceased alive on Aug 5, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Geo. Jos. Ricci, Med | Aquasco Md. | Aug 6, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 8/9/51 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county): Baltimore | (State): Md.

DATE RECD BY LOCAL REG.: Aug 6/51 | REGISTRAR'S SIGNATURE: F. A. Billingsley | 24. FUNERAL DIRECTOR: Fitchie Bros. - Upper Marlboro | ADDRESS: Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

'261

Reg. Dist. No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County: Pr Georges Co

City or town: Capitol Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 Years

Hospital, institution, or street address where death occurred: 408 - 49th Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Pr. Geos Co

City or town: Capitol Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 408 - 49th Ave

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: George Tucker

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Florence J. Tucker

6.(c) If alive, give age: 94 years

7. Birth date of deceased (mo., day, yr.): Oct 8 1866

8. AGE: Years: 84 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Prince Geo Co Md. (Town, county, and state)

10. Usual occupation: Car Washer - retired

11. Industry or business: Electric Railway.

FATHER

12. Name: Thomas Cook

13. Birthplace: Maryland

MOTHER

14. Maiden name: Elizabeth Tucker

15. Birthplace: Maryland

16. Informant: Mrs. Geo. Tucker

Address: 408 - 49th ave Capt. Hgts. Md.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: Aug. 14-1951 (month) (day) (year)

Cemetery or crematory: METHODIST

Location: FORESTVILLE, MD

18. Funeral director: W. W. CHAMBERS CO.

Address: WASH. D.C.

Aug. 11 1951 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 11 1951 at 3:00 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 6 1951 to August 11 1951 and that I last saw h.i.m. alive on August 10 1951

Immediate cause of death	DURATION
Cerebral hemorrhage	5 days
Due to: arteriosclerosis generalized	10 years
Due to: 331X	
Other conditions: 83a (Include pregnancy within 3 months of death)	

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. Emit Ritchie MD (M. D., or other)

Address: 7005 Ritchie Road SE Washington 19 D.C. Date signed: Aug 11 1951

RECEIVED
AUG 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6101-42nd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 3543-34th street

3. NAME OF DECEASED (Type or Print): (First) Rosie (Middle) E. (Last) Truitt
4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-29-1871
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Passell
14. MOTHER'S MAIDEN NAME: Sara V. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Robt E. Truitt - 6101-42nd Pl. Hyatts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral accident	
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John D. Mahony, M.D. Dep. Med Exmr — Cheverly Hyattsville, Md Aug 3-47

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 16 1947 — NAME OF CEMETERY OR CREMATORY: Mt Olivet — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Aug 14, 1947 — REGISTRAR'S SIGNATURE: Vernon Lacey — 24. FUNERAL DIRECTOR — ADDRESS: J. Enochs Sons Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0265

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie, Md. — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Cassell (Last) Waesche

4. DATE OF DEATH: (Month) August (Day) 21, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 11, 1880

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days: 10 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Beallsville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: John Frederick Waesche

14. MOTHER'S MAIDEN NAME: Margaret Elizabeth Belt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs A. C. Waesche Mitchellville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism — 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cholecystectomy — 3 days
(c) Arthritis - lumbo - lower spine — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION: 8-19-51

19b. MAJOR FINDINGS OF OPERATION: Chronic Cholecystitis & Obstructed Cystic Duct

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1951, to Aug 21, 1951, that I last saw the deceased alive on Aug 21, 1951, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James E. Isaacs M.D. Upper Marlboro, Md. 8-21-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-24-51 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: 8-23-51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gaschio Sons — ADDRESS: Hyattsville Md

1272 — 586X

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hall — LENGTH OF STAY (In this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location) RD

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Shipley	Benson	Walker	8	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	March 11, 87	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer	General	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward P. Walker	Josephonia Duckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	None	Marie Walker, Mitchellville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fracture of base of skull, crushed chest	
170 e	(c) fracture of left arm	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 301	(CITY OR TOWN) Hall	(COUNTY) P.G.	(STATE) Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY occur?
8	7	51	10 am			Driver of car in head on collision with truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geneva H. Boyd	M.D.	Forestville Md	8-7-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 10, 1951	Cedar Hill	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/7/51	Amanda Downey	J. Julian Lee & Sons Co. Inc.	

8/18/51 Mrs. Agnes M. Ginsberg Washington, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 9 mos., and 15 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2127 9th St., N. W.

3. NAME OF DECEASED (Type or Print): (First) VIRGINIA (Middle) (Last) WALKER

4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/23/1926

9. AGE last birthday: 25 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest Brown

14. MOTHER'S MAIDEN NAME: Rosie Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 11 mos.

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

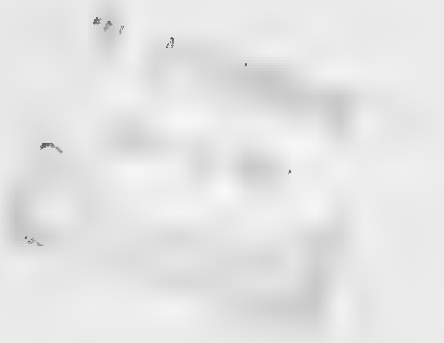
22. I hereby certify that I attended the deceased from 11-3, 1950, to 8-18, 1951, that I last saw the deceased alive on 8-17, 1951, and that death occurred at 5:00 a. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) MD ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 8/17/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 8/23/51 | NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 8/18/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Mahoney & Sehey Inc. ADDRESS 424-R 24 NW

VS/A1



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3527

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 2 yrs., and 27 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 92 Logan Court, N. W.

3. NAME OF DECEASED (Type or Print): (First) RALLIE (Middle) (Last) WATSON
4. DATE OF DEATH: (Month) AUGUST (Day) 11 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	NEGRO	Widowed	12/30/1900	50 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Veto Construction Co.	Edgefield, S. Carolina	USA

13. FATHER'S NAME: Major Watson
14. MOTHER'S MAIDEN NAME: Hattie Settles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	578-26-1932	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 2yrs 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 15th, 1949, to Aug 11th, 1951, that I last saw the deceased alive on Aug 11th, 1951, and that death occurred at 8:12 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	8/11/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8/12/51		Wash D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/11/51	Mae Green	H. Joseph Funeral Home	306 L St. N.W. Wash. DC

[illegible]

BOARD [illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 3715 - Cottage Terrace

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) B (Last) Wells

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9-27-73

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN CRAVEN

14. MOTHER'S MAIDEN NAME: ADELAIDE HUMMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: HARRY WELLS - SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia - Uremic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca Descending colon

(c)

1 2 X 462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/11/51

19b. MAJOR FINDINGS OF OPERATION: Ca degenerated descending colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 1951, to 8/11, 1951, that I last saw the deceased alive on 8-1, 1951, and that death occurred at 1 am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dwight H Hagerge M D — ADDRESS 3117-38th Ave — DATE SIGNED 8/11/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/20/51 — NAME OF CEMETERY OR CREMATORY Whitfield — LOCATION (City, town, or county) Lanham Md (State)

DATE REC'D BY LOCAL REG. 8-18-51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR Reade & Son — ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08270

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3103 Queen Chapel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 3103 Queens Chapel Rd.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) SMITH (Last) WILLIAMS

4. DATE OF DEATH: (Month) 8/8 (Day) (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8/22/1906

9. AGE last birthday: 44 yrs. — If under 1 year: Months 7 Days 16 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sago, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sidney Johnson Smith

14. MOTHER'S MAIDEN NAME: Dora Emma McCrackard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: George Stanley Williams 3103 Queens Chapel Rd Mt. Rainier, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) (1) Rectal and general hemorrhages, generalized. (2)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) (1) malnutrition, chronic hepatic insufficiency
(c) secondary to Chronic biliary obstruction

E21X
125.6

INTERVAL BETWEEN ONSET AND DEATH: (a) Approximately (b) seven years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) Mt. Rainer (COUNTY) (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1951, to Aug 8, 1951, that I last saw the deceased alive on Aug 8, 1951, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. K. Shear M.D. ADDRESS 3100 Chellum Rd Mt Rainer, Md DATE SIGNED Aug 9, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/10/1951 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Sago, Virginia (State)

DATE REC'D BY LOCAL REG. Aug 9 1951 — REGISTRAR'S SIGNATURE James Seery

24. FUNERAL DIRECTOR ADDRESS Joseph Gawlers Sons, 1756 Pa. Ave. N

W

RECEIVED
AUG 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Laurel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) RFD #2 Box 58

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Whitehead

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) WIDOWED

8. DATE OF BIRTH: June 18 1858

9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Md or Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Whitehead

14. MOTHER'S MAIDEN NAME: Carolyn Vermillion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Daughter Jennie Whitehead

18. MEDICAL CERTIFICATION — Same.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Obstruction from Carcinoma of Sigmoid Colon — 2 days. / 1 yr. +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

153X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 29, 1951, to Aug. 30, 1951, that I last saw the deceased alive on Aug. 30, 1951, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herman D. Slade, Med. 1008 N. Highland St., Arl., Va. 8-30-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 1, 1951 — NAME OF CEMETERY OR CREMATORY: Tyson Cemetery — LOCATION (City, town, or county) (State): Buntonsville, Maryland

DATE REC'D BY LOCAL REG.: Aug 31-51 / Sept 4-51 — REGISTRAR'S SIGNATURE: James Seery

24. FUNERAL DIRECTOR — ADDRESS: Bellitt Donaldson, Laurel, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A5

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08274

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near T. B. — LENGTH OF STAY (in this place) Summers
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 45-74 (If rural, give location) Street Nw

3. NAME OF DECEASED (Type or Print): (First) Valencia (Middle) Roberta (Last) West
4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: Sept 3, 1934
9. AGE last birthday: 16 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert West
14. MOTHER'S MAIDEN NAME: Viola Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Robert West

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

819.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed skull

1700 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY Rte 5 — (CITY OR TOWN) near T. B. — (COUNTY) P.G. — (STATE) Md

TIME OF INJURY: (Month) 8 (Day) 17 (Year) 51 (Hour) 11:45 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY occur? Passenger in a car that struck a pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James J. Boyd MD — ADDRESS Forestville Md — DATE SIGNED 8/18/51

23. BURIAL, CREMATION, REMOVAL (Specify) Armoral — DATE THEREOF 8-18-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 8/18/51 — REGISTRAR'S SIGNATURE Amanda Penney — 24. FUNERAL DIRECTOR Brooks & Allen By: Chas F. Allen — ADDRESS 1200 Fla. Ave. N.W. D.C.

Mrs. Alton Davis.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS In front of 3006 Hamilton St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 1218 Rockville Pike ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Willis	Russell	Wood	8 -	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	2-15-1905	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	U.S. Army	Missouri	U.S.A.

13. FATHER'S NAME: Louis Wood
14. MOTHER'S MAIDEN NAME: Mary Gunnells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes			Lt. Col. John S. Bradley, Walter Reed Hospt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

4201 ✓

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)		INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
				m.			

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. Md. Exam	Cheverly-Hyattsville Md	8-12-51

23. BURIAL, CREMATION, REMOVAL	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	8/12/51	Walter Reed Hospt	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 12 1951	James Seery	F. Flaschs Sons	Hyattsville Md

5458

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08278

Reg. Dist. No. 0448

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.C.
STREET ADDRESS (If rural, give location) 3206 Wis. Ave. N.W.

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) Duval (Last) Wormeley

4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 27, 1880

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Librarian

10b. KIND OF BUSINESS OR INDUSTRY: Washington Cathedral

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Duval

14. MOTHER'S MAIDEN NAME: Amanda Louise Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Renal Insufficiency (Uremia) — 2 wks

593X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 97 (b) Hypertensive Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Aug, 1951, that I last saw the deceased alive on Aug 16, 1951, and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Bernard A. Fitzgerald MD — 801 Madison St. N.W. Wash D.C. — 8-16-51

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 8-18-51 | NAME OF CEMETERY OR CREMATORY Glenwood | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Aug 16 1951 | REGISTRAR'S SIGNATURE James Devey | 24. FUNERAL DIRECTOR Joseph Gawler Sons | ADDRESS 056896 1756 Pa. Ave. N.W. D.C.

RECEIVED
AUG 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0827-1

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Hts
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
STREET ADDRESS (If rural, give location) 7302 - Hallock St

3. NAME OF DECEASED (Type or Print): (First) Marcella (Middle) Cecelia (Last) Young
4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9 March 1899
9. AGE last birthday: 52 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Braddock Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matthew P. Reilley
14. MOTHER'S MAIDEN NAME: Ann Schiells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 578-40-8196
17. INFORMANT AND ADDRESS: Claud E Young Dist. Hts Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart failure	1 hr
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Renal Disease with Hypertension	5 years
1310	(c) Secondary Anemia aid Malnutrition	6 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural Causes
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1946, to Aug 16, 1951, that I last saw the deceased alive on Aug 14, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jacob Ken Kalb M.D. Washington, D.C. Aug 16 1951

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: 8-20-51
NAME OF CEMETERY OR CREMATORY: Arlington Nat.
LOCATION (City, town, or county) (State): Arlington, Va

DATE REC'D BY LOCAL REG.: Aug. 16-1951
REGISTRAR'S SIGNATURE: Carrie F. Campbell.
24. FUNERAL DIRECTOR: W. W. Chambers Co
ADDRESS

PLEASE WRITE IN THIS SPACE

RECEIVED
AUG 21 1953
BUREAU V. S.